



City Of Hartford
Department of Families, Children
Youth & Recreation
2014 Aquatic Group Registration Form

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Summer

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Fall

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Winter

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Spring

ALL FORMS MUST BE COMPLETED SUBMITTED 30 DAYS PRIOR TO INITIAL VISIT DATE

Pool/Site: _____

Name of Group/Organization: _____

Address: _____

Contact(s): _____ Phone: _____

Of children in the group: _____ Counselor/child ratio: _____

Days & times requested: _____

Please provide us with a list of any accommodations that any individual child may need within your group due to a physical challenge or medical condition. (I.e. diabetes, seizures, asthma etc.) Thank You.

If you are participating in our free swim program, the group must provide a counselor/leader: child ratio of 1:10. The counselors/leaders must be clearly identifiable (i.e. staff shirt, badge, etc.) to the lifeguards on duty. Thank You for your cooperation.

Application: ☐ Approved

☐ Not approved because _____

☐ Approved if _____

THIS REGISTRATION FORM WILL BE KEPT ON FILE AT THE SITE & MAIN OFFICE

PLEASE FAX OR MAIL THE COMPLETED FORM TO:

City of Hartford
Department of Families, Children, Youth & Recreation
680 Franklin Avenue
Hartford, CT 06114
Phone: (860) 757-4880
Fax: (860) 722-6001